

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

*Indyne, Inc.*

FILED

02 APR -8 PM 5:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*6862 Elm St.*

Suite, Apt. #, etc.

*Suite 700*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

City & State

*McLean, VA*

Zip

*22101*

Country

City & State

Zip

Country

4. FEI Number

*52-1395799*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*Jarvis L. Olson*

Street Address (P.O. Box Number is Not Acceptable)

*248 Via Hararre*

City

*Merritt Island*

**FL**

Zip Code

*32953*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back)

☒

January 1 to May 1 Fee is \$150.00

After May 1 Fee is \$50.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<i>President</i>
NAME	<i>C. Donald Bishop</i>
STREET ADDRESS	<i>6862 Elm St.</i>
CITY - ST - ZIP	<i>McLean VA 22101</i>
TITLE	<i>Secretary</i>
NAME	<i>David J. Frankel</i>
STREET ADDRESS	<i>6862 Elm Street</i>
CITY - ST - ZIP	<i>McLean, VA 22101</i>
TITLE	<i>Treasurer</i>
NAME	<i>Robert Miller</i>
STREET ADDRESS	<i>6862 Elm Street</i>
CITY - ST - ZIP	<i>McLean, VA 22101</i>
TITLE	<i>Director</i>
NAME	<i>C. Donald Bishop</i>
STREET ADDRESS	<i>6862 Elm Street</i>
CITY - ST - ZIP	<i>McLean, VA 22101</i>
TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*David J. Frankel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/2/02*

Date

*902-902-6912*

Daytime Phone

CR2E034B (12/01)